BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	DEHUMIDIFICATION	UNIT AND A	ADSORPTION ELEMENT	FOR USE IN SU	CH A DEHUMIDIFIC	CATION UNIT			
Fill in Appropriate	the specification of which	h is attached	hereto. If not attached here	eto, the applicat	ion is identified by th	e attorney docket	number as set		
	forth above and/or the f								
Information -	The specification was filed ona								
For Use Without	United States Application Number								
Specification	and amended on _		(if applicable	e) and/or					
Attached:	the specification w			_ as PCT					
	amended on (if applicable)								
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention								
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
	Prior Foreign Applica					Priority (Claimed		
Insert Priority	0 11			•			_		
Information:	2001-178585			06/13/2001	 		\boxtimes		
(if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)		Yes	No		
	2001-268582			09/05/2001			\boxtimes		
	(Number)	(Country)		(Month/Day/Year Filed)		Yes	No		
	I hereby claim the benef	it under Title	35, United States Code, §1	19(e) of any Uni	ited States provisional	l applications(s) lis	sted below.		
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number)			(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested	Country		Application Number		Date of Filing (Mon	nth/Day/Year)			
Information: (if appropriate)	<u> </u>						· _		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S.									
Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, p	pending, abandon	ed)		
Page 1 of 2 (Rev. 12/2002)	(Application Number)		(Filing Date)		(Status - patented, p	pending, abandoned)			

BEST AVAILABLE COPY

Attorney Docket No. 4633-0129PUS1

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ill Name of First or Sole Inventor. sert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
dil Name of First or Sole Inventor: sert Name of Inventor: sert Date This Document is Signed	Takahisa SHEOKA	Takahisa Sueoka		Oct 28, 2004					
sert Residence	Residence (City, State & Country)		CITIZENSHIF						
sert Citizenship	Osaka, Japan	Japan							
sert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	C/O Kanaoka Factory, Sakai Plant, DAIKIN INDUSTRIES, LTD., 1304, Kanaoka-cho, Sakai-shi, Osaka 591-8511, Japan								
ill Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Guannan XI	Guannan X		Oct 28, 2004					
	Residence (City, State & Country)		CITIZENSHIF	CITIZENSHIP					
1	Osaka, Japan	•	Japan						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
U	C/O Kanaoka Factory, Sakai Plant, DAIKIN INDUSTRIES, LTD., 1304, Kanaoka-cho, Sakai-shi, Osaka 591-8511, Japan								
ill Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	⟨Akira KAMINO	akira Hamino		Oct 28, 2004					
φ_{i}	Residence (City, State & Country)		CITIZENSHIP						
^7	Osaka, Japan		Japan						
, <i>\forall \forall \fo</i>	MAILING ADDRESS (Complete Street Address including City, State & Country)								
)	C/O Kanaoka Factory, Sakai Plant, DAIKIN INDUSTRIES, LTD., 1304, Kanaoka-cho, Sakai-shi, Osaka 591-8511, Japan								
II Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above		•							
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
It Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above									
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
II Name of Sixth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Inventor, if any: see above	,		Ī						
	Residence (City, State & Country)		CITIZENSHIP						
	•								
	MAILING ADDRESS (Complete Street Address including City, State & Country)								